



### Broadalbin-Perth High School

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#### Request for Transcript/Health Records

Authorization is hereby granted to release records held by the Broadalbin-Perth School District with regard to the person named below:

Name: \_\_\_\_\_

Name at time of attendance (if different): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Please send to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate below which records you would like mailed:

- \_\_\_\_\_ Official Transcript
- \_\_\_\_\_ Unofficial Transcript
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Recommendations (mailed to colleges only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of request

Office Use only:  
Date mailed: \_\_\_\_\_ By: \_\_\_\_\_

***“Together we make a difference.”***